

In re **Hudson Healthcare, Inc.**Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 1157 DESIGNCONCEPTS 171 S LESTER AVENUE SIDNEY, OH 45365		-					0.00
Account No. 1199 NATIONAL BENEFIT FUND 330 WEST 42ND ST. NEW YORK, NY 10036		-					0.00
Account No. 14TH STREET GARDEN CENTER 793 JERSEY AVENUE JERSEY CITY, NJ 07310		-					0.00
Account No. 194 KEARNY ASSOC 21 EAST PARK PLACE RUTHERFORD, NJ 07070		-					0.00
Subtotal (Total of this page)							0.00

708 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O O R P O R A T E	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
2260 KENNEDY REALTY LLC 47 MILL ROAD JERSEY CITY, NJ 07302		-					0.00
Account No.							
232-234 LLC 1080 MCDONALD AVE., #281 BROOKLYN, NY 11230		-					0.00
Account No.							
39TH STREET REALTY 155 NORTH STREET ENGLEWOOD, NJ 07631		-					0.00
Account No.							
3M P.O. Box 371227 Pittsburgh, PA 15250-7227		-					851.67
Account No.							
3M CORPORATE ALLIANCE 3M VJC9472 P. O. BOX 269-F ST LOUIS, MO 63146		-					0.00
Subtotal (Total of this page)							851.67

Sheet no. **1** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
4 IMPRINT PO BOX 320 OSHKOSH, WI 54901		-					0.00
Account No.							
79 HUDSON ST., LLC 518 ADAMS STREET HOBOKEN, NJ 07030		-					0.00
Account No.							
813 REALTY, LLC 100 NIELSON AVENUE OAKLAND, NJ 07436		-					0.00
Account No.							
A & E DIAGNOSTICS LLC 2 B BROAD STREET FREEHOLD, NJ 07728		-					0.00
Account No.							
A SPACE STATION 1040 GRAND STREET HOBOKEN, NJ 07030		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. **2** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
A+ MAINTENANCE PRODUCTS INC P O BOX 637 MONTVILLE, NJ 07065		-					9,099.77
Account No.							
AABB MEMBERSHIP ACCOUNTING DEPARTMENT 8101 GLENBROOK ROAD BETHESDA, MD 20814-2749		-					0.00
Account No.							
AACAP P. O. BOX 96106 WASHINGTON, DC 20090-6106		-					0.00
Account No.							
AACC CUSTOMER SERVICE DEPARTMENT POB 630623 BALTIMORE, MD 21263-0623		-					0.00
Account No.							
AACPM 15850 CRABBS BRANCH WAY, SUITE 320 ROCKVILLE, MD 20855		-					0.00

Sheet no. **3** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

9,099.77

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
AACVPR 401 N MICHIGAN AVE, SUITE 2200 CHICAGO, IL 60611		-						0.00
Account No.								
AAMC ATTN: ACCTS RECEIVABLE 2450 N STREET, NW WASHINGTON, DC 20037		-						0.00
Account No.								
AAMI 1110 N GLEBE ROAD, SUITE 220 ARLINGTON, VA 22201		-						0.00
Account No.								
AARC BENCHMARKING SERVICE P O BOX 650097 DALLAS, TX 75265-0097		-						0.00
Account No.								
AARP/UHI PO BOX 740819 ATLANTA, GA 30374		-						879.57

Sheet no. **4** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **879.57**

In re Hudson Healthcare, Inc.Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ABALINE SUPPLY CO 600 MARKLEY ST PORT READING, NJ 07064		-					1,449.75
Account No.							
ABBAY PRESS COMPANIES 5 HILL DRIVE SAINT MEINRAD, IN 47577-1005		-					0.00
Account No.							
ABBIE JACOBS MD 1240 BLOOMFIELD STREET HOBOKEN, NJ 07030		-					1,705.76
Account No.							
ABBOTT DIAGNOSTICS P O BOX 100997 ATLANTA, GA 30384-0997		-					0.00
Account No.							
ABBOTT LABORATORIES ATTN: HEALTH CARE ED SVCS MED ED GRANTS DEPT 108352-DS4 625 CLEVELAND AVENUE COLUMBUS, OH 43215		-					0.00
Subtotal (Total of this page)							3,155.51

Sheet no. 5 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No.							
ABBOTT LABS P O BOX 100997 ATLANTA, GA 30384-0997		-					0.00
Account No.							
ABBOTT NUTRITION 75 REMITTANCE DR, SUITE 1310 CHICAGO, IL 60675-1310		-					0.00
Account No.							
ABDELMOULA, MOHAMED M MD 444 WASHINGTON AVE., APT. 8 BELLEVILLE, NJ 07109		-					0.00
Account No.							
ABE GRUBER CO & CO 416 WEST GRAND STREET ELIZABETH, NJ 07202		-					0.00
Account No.							
ABEL, JOANNE 21 BENTLEY AVE., APT. 4 JERSEY CITY, NJ 07304		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 6 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	H U S B A N D W I F E J O I N T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
ABERDEEN DAVID SCHOLARSHIP FD 9-25 ALLING STREET - 3RD FL NEWARK, NJ 07102		-						0.00
Account No.								
ABERIN, ANN 35 W 53RD ST., APT. 1 BAYONNE, NJ 07002		-						0.00
Account No.								
ABPOPPM 3812 SEPULVEDA BLVD., STE. 530 TORRANCE, CA 90505		-						300.00
Account No.								
ABRAMOWITZ, JOEL MD 142 PALISADE AVENUE, RM. 101 JERSEY CITY, NJ 07306		-						0.00
Account No.								
ABSOLUTE INC 2021 EAST HENNEPIN AVENUE. SUITE LL20 MINNEAPOLIS, MN 55413		-						0.00
Subtotal (Total of this page)								300.00

Sheet no. **7** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ABSOLUTELY FISH 1080 U S HWY 46 WEST CLIFTON, NJ 07013		-					752.92
Account No.							
ACADEMY FENCE CO 119 NORTH DAY STREET ORANGE, NJ 07050		-					0.00
Account No.							
ACADEMY MEDICAL SYSTEMS PO BOX 393 Bend, OR 97709		-					0.00
Account No.							
ACCCRUS AFRICAN CONFERENCE OF CATHOLIC CLERGY &		-					0.00
Account No.							
ACCENT INS RECOVERY SOLUTIONS PO BOX 952366 ST LOUIS, MO 63195-2366		-					70,052.85
Subtotal (Total of this page)							70,805.77

Sheet no. **8** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
ACCESS CAPITAL INC. 405 PARK AVENUE NEW YORK, NY 10022		-					0.00
Account No.							
ACCLARENT INC DEPT CH 17955 PALATINE, IL 60055-7955		-					3,745.00
Account No.							
ACCONTEMPS 12400 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693		-					0.00
Account No.							
ACCREDITO HEALTH GROUP COLLECTION CENTER DRIVE P O BOX 13408 CHICAGO, IL 60693		-					0.00
Account No.							
ACCURATE RECOVERY SYSTEM 450 VECIT ROAD HUNTINGDON VALLEY, PA 19006		-					0.00

Sheet no. **9** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

3,745.00

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ACCUTOME 263 GREAT VALLEY PARKWAY MALVERN, PA 19355		-					0.00
Account No.							
ACE PRODUCTS & INSTRUMENTS P O BOX 1710 BROCKTON, MA 02301		-					0.00
Account No.							
ACE SURGICAL SUPPLY CO 1034 PEARL STREET BROCKTON, MA 02303		-					0.00
Account No.							
ACELL INC 8671 ROBERT FULTON DR, SUITE B COLUMBIA, MD 21046		-					72,721.00
Account No.							
ACGME P O BOX 92717 CHICAGO, IL 60675-2717		-					0.00

Sheet no. 10 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

72,721.00

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O O R D I N A T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ACME AMERICAN REPAIRS INC 99 SCOTT AVENUE BROOKLYN, NY 11237		-					5,573.90
Account No.							
ACME DOOR SERVICE CORP 1099 LINDEN AVENUE RIDGEFIELD, NJ 07657-1098		-					0.00
Account No.							
ACOG DISTRIBUTION CENTER PO BOX 933104 ATLANTA, GA 31193-3104		-					0.00
Account No.							
ACPM 455 MASSACHUSETTS AVE. N.W., SUITE 200 WASHINGTON, DC 20001-2621		-					0.00
Account No.							
ACS RECOVERY SERVICES PO Box 7135 Bloomfield, CT 06602		-					1,233.00
Subtotal (Total of this page)							6,806.90

Sheet no. 11 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ACTIVE DATA SOLUTIONS 25 HULL ST WARWICK, RI 02888		-					0.00
Account No.							
ACTIVE MEDICAL INC. 2200-B HUMMINGBIRD LANE HARRISBURG, PA 17112		-					5,690.00
Account No.							
ACTIVE PARENTING PUBL INC 1955 VAUGHN ROAD NW, SUITE 108 KENNESAW, GA 30144-7808		-					0.00
Account No.							
ACUMED 7995 COLLECTION CENTER DRIVE CHICAGO, IL 60693		-					0.00
Account No.							
ACUSON CORPORATION 8210 INNOVATION WAY CHICAGO, IL 60682		-					0.00
Subtotal (Total of this page)							5,690.00

Sheet no. 12 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O M M U N I T Y	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ADAM MEDICAL SALES INC 714 ATKINS AVENUE BROOKLYN, NY 11208		-					0.00
Account No.							
ADAMS, LORI E 14 ROBERT COURT SUCCASUNNA, NJ 07876		-					0.00
Account No.							
ADDEO, ROSE 631 EDGEWATER AVENUE RIDGEFIELD, NJ 07657		-					0.00
Account No.							
ADDESSO, LUCIA 323 GARDEN STREET HOBOKEN, NJ 07030		-					0.00
Account No.							
ADELIA MOUSTIATSE, MD 2555 KENNEDY BLVD JERSEY CITY, NJ 07304		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. **13** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

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Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
ADELMAN, SHEFF & SMITH LLC 200-A MONROE STREET, SUITE 310 ROCKVILLE, MD 20850		-					0.00
Account No.							
ADI 263 OLD COUNTRY ROAD MELVILLE, NY 11747		-					0.00
Account No.							
ADLER INDUSTRIAL SVS INC 95-123 FIRMENICH WAY NEWARK, NJ 07114		-					0.00
Account No.							
ADOBE SYSTEMS INC 75 REMITTANCE DRIVE, SUITE 1025 CHICAGO, IL 60675		-					0.00
Account No.							
ADT SECURITY SERVICES, INC P O BOX 371967 PITTSBURGH, PA 15250		-					0.00

Sheet no. **14** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

0.00

B6F (Official Form 6F) (12/07) - Cont.

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ADVANCE MEDICAL DESIGNS 1241 ATLANTA INDUSTRIAL DRIVE MARIETTA, GA 30066		-					1,403.15
Account No.							
ADVANCE TEC INDUSTRIES INC 1150 NW 163RD DR MIAMI, FL 33169		-					0.00
Account No.							
ADVANCED IMAGING SYSTEMS 8011 CYPRESS POINTE MONROE, GA 30656		-					0.00
Account No.							
ADVANCED MEDICAL OPTICS POST OFFICE BOX 676016 DALLAS, TX 75267-6016		-					0.00
Account No.							
ADVANCED MEDICAL SYSTEMS ADVANCED MEDICAL INC. 103A PARK DRIVE MONTGOMERYVILLE, PA 18936		-					454.50
Subtotal (Total of this page)							1,857.65

Sheet no. **15** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

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SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ADVANCED NEUROMODULATION SYS P O BOX 915002 DALLAS, TX 75391-5002		-					0.00
Account No.							
ADVANCED ORTHOPAEDIC SOLUTIONS 386 BEECH AVENUE, UNIT B6 TORRANCE, CA 90501		-					0.00
Account No.							
ADVANCED RECOVERY 41 MECHANIC ST PORT JERVIS, NY 12771		-					0.00
Account No.							
AERC-MTI 2591 MITCHELL AVE. ALLENTOWN, PA 18103		-					0.00
Account No.							
AEROTEK STAFFING ATTN: JOCELYN SPIGNER 7301 PARKWAY DRIVE HANOVER, MD 21076		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 16 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

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Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
AESULAP IMPLANT SYSTEMS INC P O BOX 785441 PHILADELPHIA, PA 19178-5441		-					0.00
Account No.							
AESULAP, INC. P. O. BOX 512439 PHILADELPHIA, PA 19175-2439		-					1,066.56
Account No.							
AETNA PO BOX 14079 29406 Reliable Parkway PO B Lexington, KY 40512-4079		-					2,882.52
Account No.							
AETNA 29406 RELIABLE PARKWAY CHICAGO, IL 60686-0294		-					0.00
Account No.							
AETNA PO BOX 784836 PHILADELPHIA, PA 19178		-					0.00
Subtotal (Total of this page)							3,949.08

Sheet no. **17** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
AETNA PO BOX 29408 CHICAGO, IL 60680		-						0.00
Account No.								
AETNA 3541 WINCHESTER ROAD ALLENTOWN, PA 18195		-						935.96
Account No.								
AETNA 980 Jolly Road BLUE BELL, PA 19422		-						171.86
Account No.								
AETNA-MIDDLETOWN P.O. BOX 88860 CHICAGO, IL 60695-1860		-						0.00
Account No.								
AFCO P O BOX 360572 PITTSBURGH, PA 15250-6572		-						15,286.45

Sheet no. 18 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

16,394.27

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AFFINA DOOR COMPANY INC 1162 GRUBER AVENUE UNION, NJ 07083		-					0.00
Account No.							
AFNI INC 404 BROCK DR. PO BOX 3517 BLOOMINGTON, IL 61702-3517		-					0.00
Account No.							
AFONJA, RICHARD MD 476 GOLFAX AVE CLIFTON, NJ 07013		-					4,230.00
Account No.							
AFTERMATH CLAIM SCIENCE INC 1212 S NAPER BLVD., SUITE 119-262 NAPERVILLE, IL 60540		-					1,772.09
Account No.							
AFTERMATH CLAIM SERVICE, INC. 1230-5 MADERO RD., SUITE 140 SIMI VALLEY, CA 93065-4045		-					1,076.41
Subtotal (Total of this page)							7,078.50

Sheet no. **19** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E F O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AGFA CORPORATION 100 CHALLENGER ROAD RIDGEFIELD PARK, NJ 07660		-					0.00
Account No.							
AGFA CORPORATION DEPT AT40083 ATLANTA, GA 30339		-					0.00
Account No.							
AGUILAR, RAUL MD 6 SPRINGDALE LANE WARREN, NJ 07059		-					0.00
Account No.							
AGUIRRE, MONICA 3332 PARK AVE., APT. 1 WEEHAWKEN, NJ 07086		-					0.00
Account No.							
AHA SERVICES, INC. 419 NATURAL RESOURCES DRIVE Little Rock, AR 72205		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 20 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AHIMA PO BOX 4295 CAROL STREAM, IL 60197-4295		-					0.00
Account No.							
AHMED, MEER MD 306 MAIN ST., APT. 206 RIDGEFIELD PARK, NJ 07660		-					0.00
Account No.							
AHMED, UMRANA MD 1818 KENNEDY BLVD JERSEY CITY, NJ 07305		-					0.00
Account No.							
AHN, MICHAEL DO 84 ADAMS ST., #5B HOBOKEN, NJ 07030		-					0.00
Account No.							
AIA CREDENTIALING & CONSULTING SERVICES LLC 285 WESTSIDE AVENUE, STE. 2 JERSEY CITY, NJ 07305		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 21 of 708 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Sheet no. **21** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U E D S O S T A T E.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M
Account No.								
AICCO INC BOX 9045 NEW YORK, NY 10087-9045		-						0.00
Account No.								
AIDA P. CAPO, MD 700-79TH STREET NORTH BERGEN, NJ 07047		-						0.00
Account No.								
AIKEN, WILLIAM E., JR 163 VAN NOSTRAND AVE JERSEY CITY, NJ 07305		-						0.00
Account No.								
AIM 540 LAKE COOK RD, SUITE 300 DEERFIELD, IL 60015-5604		-						4,169.92
Account No.								
AIM DOCUMENT MANAGEMENT 2305 GARRY ROAD PO BOX 2343 CINNAMINSON, NJ 08077		-						0.00
Subtotal (Total of this page)								4,169.92

Sheet no. **22** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AIR SYSTEMS MAINTENANCE INC 718 JEFFERSON AVE KENILWORTH, NJ 07033		-					0.00
Account No.							
AIR-SHIELDS P.O. BOX 8500-5405 PHILADELPHIA, PA 19178-8500		-					0.00
Account No.							
AIRCAST INCORPORATED P.O. BOX 12217N NEWARK, NJ		-					0.00
Account No.							
AIV 7485 SHIPLEY AVENUE HARMANS, MD 21077		-					0.00
Account No.							
AJILON DEPT CH 14031 PALATINE, IL 6005-4031		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 23 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AKF PEST CONTROL 325 10TH AVENUE PATERSON, NJ 07514		-					0.00
Account No.							
ALAA S. ELDIN, M.D. 550 SUMMIT AVENUE - SUITE 205 JERSEY CITY, NJ 07306		-					0.00
Account No.							
ALARM & COMMUNICATION TECH INC 400 MORRIS AVE., SUITE 101 DENVER, NJ 07834		-					0.00
Account No.							
ALBERTON, ALLAN M.D. ONE AVENUE AT PORT IMPERIAL, APT. 1221 WEST NEW YORK, NJ 07093		-					0.00
Account No.							
ALBINI PHARMACY 401 ADAMS STREET HOBOKEN, NJ 07030		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 24 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
ALBRECHT, MEGAN 15 ENTERPRISE CT., APT. 405 JERSEY CITY, NJ 07305		-					0.00
Account No.							
ALCO SALES & SERVICE CO. 6851 HIGH GROVE BOULEVARD BURR RIDGE, IL 60527		-					0.00
Account No.							
ALCOHOL & TOBACCO TAX & TRADE BUREAU P O BOX 371962 PITTSBURGH, PA 15250-7962		-					0.00
Account No.							
ALCON LABORATORIES INC. P.O. BOX 951125 DALLAS, TX 75395-1125		-					15,237.00
Account No.							
ALDECOA, MARIA 311 13TH STREET, APT. 2C HOBOKEN, NJ 07030		-					0.00
Subtotal (Total of this page)							15,237.00

Sheet no. 25 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ALEXANDER, JENNIFER L 52 WEST 38TH ST., APT. 2F NEW YORK, NY 10024		-					0.00
Account No.							
ALFRED ZITANI MD 7 LONDON CT TEANECK, NJ 07666-6461		-					0.00
Account No.							
ALFREDO FESTA, M.D. 4508 KENNEDY BLVD. UNION CITY, NJ 07087		-					0.00
Account No.							
ALIMED ATTN: ACCOUNTS RECEIVABLE P. O. BOX 9135 DEDHAM, MA 02027-9135		-					75.40
Account No.							
ALISON GANTNER 5 LONG HILL RD LONG VALLEY, NJ 07853		-					0.00
Subtotal (Total of this page)							75.40

Sheet no. 26 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. ALISON MCSORLEY 27 MIRROR PLACE OAKRIDGE, NJ 07438		-					0.00
Account No. ALIZADEH HAMESHAN, ALI 1817 KENNEDY BLVD., APT. 4C NORTH BERGEN, NJ 07047		-					0.00
Account No. ALL AMERICAN FINANCIAL HANOVER INSURANCE CO ATT: PAYROLL DEDUCT-H340 WORCESTER, MA 01653		-					0.00
Account No. ALL PHASE BUSINESS SUPPLIES 1920 E GLADWICK ST RANCHO DOMINGUEZ, CA 90220-6201		-					156.67
Account No. ALL PROFESSIONAL SEWER SOL LLC P O BOX 103 KEARNY, NJ 07032		-					0.00
Sheet no. 27 of 708 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							156.67

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ALL SAINTS PARISH WASHINGTON & SEVENTH STREET HOBOKEN, NJ 07030		-					0.00
Account No.							
ALL STAR RENTALS INC 61 WILLETT STREET PASSAIC, NJ 07055		-					0.00
Account No.							
ALL VOICE COMMUNICATIONS ALPHA COMMUNICATIONS 363 7TH AVENUE 9TH FL NEW YORK, NY 10001		-					13,288.50
Account No.							
ALLEN MEDICAL SYSTEMS INC 1 POST OFFICE SQUARE ACTON, MA 01720-3948		-					0.00
Account No.							
ALLEN, JODI 422 GRAND ST APT 5 HOBOKEN, NJ 07030		-					0.00

Sheet no. **28** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

13,288.50

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
ALLERGAN USA INC 12975 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693		-						0.00
Account No.								
ALLIED INTERSTATE INC 3000 CORPORATE EXCHANGE DRIVE P O BOX 361623 COLUMBUS, OH 43236-1623		-						0.00
Account No.								
ALLSTATE BUSINESS ARCHIVES 80 BECKWITH AVENUE PATERSON, NJ 07503		-						49,754.97
Account No.								
ALLSTATE INSURANCE COMPANY P O BOX 660636 DALLAS, TX 75266		-						2,119.94
Account No.								
ALLY ROSE SECURITY LLC P O BOX 592 LADY LAKE, FL 32158		-						0.00
Subtotal (Total of this page)								51,874.91

Sheet no. 29 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
ALMAN GROUP INC 53 CARDINAL DRIVE WESTFIELD, NJ 07090		-					0.00
Account No.							
ALMANZOR, MARY LOU 120 CHOPIN DRIVE WAYNE, NJ 07470		-					0.00
Account No.							
ALMEIDA, MARIA 119 77TH STREET NORTH BERGEN, NL 07047		-					0.00
Account No.							
ALPHA MEDICAL EQUIPMENT OF NY 145 SAWMILL RIVER ROAD YONKERS, NY 10701		-					0.00
Account No.							
ALPHA-TEC SYSTEMS, INC. P.O. BOX 5435 VANCOUVER, WA 98668-5435		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 30 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ALSHARIF, ASRAR 31 WILSON AVE, 2ND FLR KEARNEY, NJ 07032		-					0.00
Account No.							
ALSTON TOURS 186 CLERK STREET JERSEY CITY, NJ 07305		-					0.00
Account No.							
ALTENHEIM, FRITZ REUTER 3161 KENNEDY BLVD NORTH BERGEN, NJ 07047		-					0.00
Account No.							
ALTO U S INC DEPT CH 17481 PALATINE, IL 60055-7481		-					183.99
Account No.							
ALVAREZ-GIRON, MATIAS 819 Park Ave 8 Hoboken, NJ 07030		-					120.00
Subtotal (Total of this page)							303.99

Sheet no. 31 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ALVAREZ-VASQUEZ, RUFINA 3423 KENNEDY BLVD Jersey City, NJ 07307		-					0.00
Account No.							
ALZHEIMERS ASSOCIATION 400 MORRIS AVENUE, SUITE 25 DENVILLE, NJ 07834		-					0.00
Account No.							
AM SOCIETY HLTHCARE RISK MGMT P.O. BOX 75315 CHICAGO, IL 60690-6313		-					0.00
Account No.							
AMARAL, ELIZABETH 812 GRAND STREET, APT 311 HOBOKEN, NJ 07030		-					0.00
Account No.							
AMB-U-CAR INC. 702 SUMMIT AVENUE JERSEY CITY, NJ 07306		-					25,646.18
Subtotal (Total of this page)							25,646.18

Sheet no. 32 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AMBER AIR INC 702 RAHWAY AVENUE UNION, NJ 07083		-					0.00
Account No.							
AMBLER SURGICAL 740 SPRINGDALE DRIVE, #150 EXTON, PA 19353		-					0.00
Account No.							
AMBOOKEN, ROOPA 204 10TH STREET APT 512 JERSEY CITY, NJ 07302		-					0.00
Account No.							
AMCARE INC 34 DIVISION ST JERSEY CITY, NJ 07302		-					10,176.50
Account No.							
AMCOM 10400 YELLOW CIRCLE DR EDEN PRAIRIE, MN 55343		-					192.15
Subtotal (Total of this page)							10,368.65

Sheet no. 33 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AMD GLOBAL TELEMEDICINE INC 73 PRINCETON ST N CHELMSFORD, MA 01863		-					0.00
Account No.							
AMER ACADEMY OF FAMILY PHYS 11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66211		-					0.00
Account No.							
AMER. BOARD OF PODIATRIC SURGERY 445 FILLMORE STREET SAN FRANCISCO, CA 94117-3404		-					750.00
Account No.							
AMERICAN ACAD OF PED 141 NW POINT BLVD. P.O. 747 ELK GROVE VILL, IL 60007		-					0.00
Account No.							
AMERICAN ACADEMY OF FAM.PHYS. 11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66211-2672		-					0.00
Subtotal (Total of this page)							750.00

Sheet no. 34 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
AMERICAN ACADEMY OF PEDIATRICS 37925 EAGLE WAY CHICAGO, IL 60678-1379		-					306.70
Account No.							
AMERICAN APPRAISAL ASSOC INC BIN 88391 MILWAUKEE, WI 52388-0391		-					0.00
Account No.							
AMERICAN ASSOC. OF BLOOD BANKS AABB SALES DEPT PO BOX 630563 BALTIMORE, MD 21263-0563		-					0.00
Account No.							
AMERICAN ASSOCIATION CRITICAL CARE NURSES 101 COLUMBIA ALISO VIEJO, CA 92656		-					0.00
Account No.							
AMERICAN ASSOCIATION OF DIABETES EDUCATORS AADE-PRODUCTS 4411 CAROL STREAM, IL 60122-4414		-					0.00
Subtotal (Total of this page)							306.70

Sheet no. 35 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O O R D I N A T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AMERICAN BOARD FAMILY PRACTICE 2228 YOUNG DRIVE LEXINGTON, KY 40505-4294		-					0.00
Account No.							
AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES 4890 W KENNEDY BLVD, STE 200 TAMPA, FL 33609-2575		-					0.00
Account No.							
AMERICAN COLLEGE OF HEALTHCARE EXECS 1 N. FRANKLIN, SUITE 1700 Chicago, IL 60606-3529		-					0.00
Account No.							
AMERICAN COLLEGE OF RADIOLOGY 1891 PRESTON WHITE DRIVE RESTON, VA 20191-4397		-					0.00
Account No.							
AMERICAN DIETETIC ASSOCIATION 120 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. **36** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No.							
AMERICAN ENERGY MANAGEMENT CO COMPLIANCE DIVISION 525 NORTH ALPINE BLVD ALPINE, UT 84004		-					0.00
Account No.							
AMERICAN EXPRESS CPC REMITTANCE PROCESSING 2975 W CORPORATE LAKES BLVD WESTON, FL 33331-3626		-					0.00
Account No.							
AMERICAN FUNDS P O BOX 2560 NORFOLK, VA 23501-2560		-					0.00
Account No.							
AMERICAN HEALTHCARE INSTITUTE 8424 VETERANS HIGHWAY, SUITE 11 MILLERSVILLE, MD 21108		-					0.00
Account No.							
AMERICAN HOSPITAL ASSN P O BOX 92247 CHICAGO, IL 60675-2247		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 37 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
AMERICAN HOSPITALS PATIENT GUI P.O. BOX 1031 SCHENECTADY, NY 12301		-						0.00
Account No.								
AMERICAN INDUSTRIAL SUPPLY,INC PO BOX 29680 PHOENIX, AZ 85038-9680		-						0.00
Account No.								
AMERICAN MEDICAL ASSOCIATION 515 N. STATE STREET Chicago, IL 60654		-						160.00
Account No.								
AMERICAN MEDICAL SECURITY PO BOX 19032 GREEN BAY, WI 54307-9869		-						0.00
Account No.								
AMERICAN MEDICAL SYSTEMS P O BOX 7247-6586 PHILADELPHIA, PA 19170-6586		-						0.00
Subtotal (Total of this page)								160.00

Sheet no. 38 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O O R D I N A T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AMERICAN NURSES ASSOCIATION P O BOX 504345 ST LOUIS, MO 63150-4345		-					0.00
Account No.							
AMERICAN NURSES CREDENTIALING CENTER P.O. BOX 791321 BALTIMORE, MD 21279-1321		-					0.00
Account No.							
AMERICAN OFFICE SOPLUTIONS 69 E JERICHO TURNPIKE MINEOLA, NY 11501		-					0.00
Account No.							
AMERICAN OSTEOPATHIC ASSN. 1090 VERMONT AVENUE, NW Washington, DC 20005		-					0.00
Account No.							
AMERICAN PAD-EX OF NY 325 MOFFAT STREET BROOKLYN, NY 11237		-					270.39

Sheet no. **39** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

270.39

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
AMERICAN PAPER TOWEL COMPANY 10 INDUSTRIAL ROAD CARLSTADT, NJ 07072		-					17,419.48
Account No.							
AMERICAN PAYROLL ASSOCIATION 660 N. MAIN , SUITE 100 SAN ANTONIO, TX 78205-1217		-					0.00
Account No.							
AMERICAN PHYSICIAN SERVICES ATTN: KENYA STEMBRIDGE 679 MONTGOMERY ST JERSEY CITY, NJ 07306		-					0.00
Account No.							
AMERICAN PROFICIENCY INSTITUTE 1159 BUSINESS PARK DR TRAVERSE CITY, MI 49686		-					0.00
Account No.							
AMERICAN PSYCHIATRIC ASSOC P.O. BOX 79575 BALTIMORE, MD 21279-0575		-					0.00
Subtotal (Total of this page)							17,419.48

Sheet no. 40 of 708 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Sheet no. **40** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
AMERICAN PSYCHIATRIC PUBL INC P O BOX 97250 WASHINGTON, DC 20090-7250		-					0.00
Account No.							
AMERICAN PSYCHOLOGICAL ASSOC P O BOX 92984 WASHINGTON, DC 20090-2984		-					0.00
Account No.							
AMERICAN REGISTRY OF PATHOLOGY 14th STREET & ALASKA AVENUE WASHINGTON, DC 20306		-					0.00
Account No.							
AMERICAN SOCIETY FOR DIRECTORS OF VOLUNTEER SERVICE P.O. BOX 75315 CHICAGO, IL 60675-5315		-					0.00
Account No.							
AMERICAN SOCIETY OF PERI- ANESTHESIA NURSES ASPAN 10 MELROSE AVE., SUITE 110 CHERRY HILL, NJ 08003		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 41 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION 220 RESEARCH BLVD ROCKVILLE, MD 20850		-					0.00
Account No.							
AMERICAN TEACHING SUPPLY 3001 NO. 33RD AVE PHOENIX, AZ 85017		-					0.00
Account No.							
AMERIDOSE PO BOX 4140 WOBURN, MA 01888-4140		-					25,207.00
Account No.							
AMERIHEALTH 720 BLAIR MILL ROAD HORSHAM, PA 19044		-					7,551.06
Account No.							
AMERIHEALTH CASUALTY SERVICES LOCKBOX #8271 P O BOX 8500 PHILADELPHIA, PA 19178-8271		-					290,611.82
Subtotal (Total of this page)							323,369.88

Sheet no. 42 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. AMERISOURCE BERGEN P O BOX 5188 NEW YORK, NY 10087-5188		-					38,308.21
Account No. AMERSHAM HEALTH P O BOX 640200 PITTSBURGH, PA 15264-0200		-					0.00
Account No. AMES P.O. BOX 845257 BOSTON, MA 02284		-					0.00
Account No. AMI SERVICES INC 168 HOPPER AVENUE WALDWICK, NJ 07463		-					0.00
Account No. AMIN, DEEPAK 73 CLIFTON TERRACE WEEHAWKEN, NJ 07086-7064		-					0.00

Sheet no. **43** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

38,308.21

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
AMIN, DEEPAK MD 4522 KENNEDY BLVD UNION CITY, NJ 07087		-					0.00
Account No.							
AMIN, PIYUSH 125 JEFFERSON AVENUE JERSEY CITY, NJ 07306		-					0.00
Account No.							
AMJAD NAZEER, MD 1114 CENTRAL AVENUE UNION CITY, NJ 07087		-					0.00
Account No.							
AMMON ANALYTICAL LABS LLC 1622 S WOOD AVENUE LINDEN, NJ 07036		-					23,203.00
Account No.							
AMO (ADVANCED MEDICAL OPTICS) PO BOX 676016 DALLAS, TX 75267-6016		-					1,472.00
Subtotal (Total of this page)							24,675.00

Sheet no. 44 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AMPUTEE COALITION OF AMERICA 900 EAST HILL AVENUE, SUITE 285 KNOXVILLE, TN 37915		-					0.00
Account No.							
AMWINS PROGRAM UNDERWRITERS IN 214 SENATE AVENUE, SUITE 201 CAMP HILL, PA 17011		-					0.00
Account No.							
ANACOM MED TEK 1240 S CLAUDINA ST ANAHEIM, CA 92805-6232		-					0.00
Account No.							
ANCA POPA, M.D. 1 MARINE PLAZA NORTH BERGEN, NJ 07047		-					0.00
Account No.							
ANDERSEN MEDICAL GAS & INSPECTIONS 12 PLACE LAFETTE MADISONVILLE, LA 70447		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 45 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
ANDERSON, GLORIA 8139 STONE LEAF LANE TAMPA, FL 33647		-					0.00
Account No.							
ANDREULA, PASQUALE 20 WILLIAMS STREET LITTLE FERRY, NJ 07643-1173		-					0.00
Account No.							
ANEKWE, IFEOMA 195 CAMBRIDGE AVE JERSEY CITY, NJ 07307		-					264.68
Account No.							
ANGELICA TEXTILE SERVICES 7 KILMER ROAD EDISON, NJ 08817		-					0.00
Account No.							
ANGELITO ARAGO, MD 6040 BOULEVARD EAST, #L-7 WEST NEW YORK, NJ 07093		-					0.00
Subtotal (Total of this page)							264.68

Sheet no. 46 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
ANGELO CAPRIO, MD 1044 SMITH MANOR BLVD WEST ORANGE, NJ 07052		-					0.00
Account No.							
ANGIODYNAMICS INC P O BOX 1549 ALBANY, NY 12201-1549		-					1,102.62
Account No.							
ANGIOTECH MEDICAL DEVICE TECH. 2944 PAYSHERE CIRCLE CHICAGO, IL 60674-2944		-					1,797.45
Account No.							
ANIEL, ELIZABETH 2 STEGMAN COURT JERSEY CITY, NJ 07305		-					0.00
Account No.							
ANIXTER INC P O BOX 847428 DALLAS, TX 75284-7428		-					0.00

Sheet no. 47 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

2,900.07

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. ANSELM, GREGORY M.D. 1222 KENNEDY BOULEVARD BAYONNE, NJ 07002		-					0.00
Account No. ANSERCOMM BOX 1 MOORESTOWN, NJ 08057		-					1,508.49
Account No. ANSWER-RU RUTGERS UNIVERSITY 41 GORDON ROAD, SUITE C PISCATAWAY, NJ 08854		-					0.00
Account No. ANTHONY PRODUCTS 7740 RECORDS ST. INDIANAPOLIS, IN 46226		-					0.00
Account No. ANTHONY ROSE 184 PELTON AVENUE STATEN ISLAND, NY 10310		-					0.00
Sheet no. <u>48</u> of <u>708</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							1,508.49

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
ANTONIO GONZALES, M.D. 52 RYERSON PLACE CLOSTER, NJ 07624		-					6,090.00
Account No.							
ANTY TRUCKING INC P O BOX 2656 OAK RIDGE, NJ 07438		-					3,500.00
Account No.							
ANUP RESEARCH & MULTIMEDIA LP 15 LUCIA COURT ABERDEEN, NJ 07747		-					0.00
Account No.							
ANY EXCUSE FOR A PARTY INC 3 EDISON PLACE FAIRFIELD, NJ 07004		-					0.00
Account No.							
AO NORTH AMERICA CONTINUING MEDICAL EDUCATION 1700 RUSSELL RD, POB 1755 PAOLI, PA 19301		-					0.00
Subtotal (Total of this page)							9,590.00

Sheet no. **49** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
AON CONSULTING 270 DAVIDSON AVENUE SOMERSET, NJ 08873		-						0.00
Account No.								
AORN 2170 SOUTH PARKER ROAD DENVER, CO 80231		-						0.00
Account No.								
APMA 9312 OLD GEORGETOWN ROAD BETHESDA, MD 20817		-						0.00
Account No.								
APOLLO HEALTH STREET INC LOCKBOX # 8226 P O BOX 8500 PHILADELPHIA, PA 19178-8226		-					X	1,599,195.72
Account No.								
APONTE, MARIA B. 686 ELITE CT RIDGEFIELD, NJ 07657		-						0.00
Subtotal (Total of this page)								1,599,195.72

Sheet no. **50** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
APPLIED MEDICAL P O BOX 1120 NEW YORK, NY 10008-1120		-					0.00
Account No.							
APPLIED SOUND & COMMUNICATIONS 49 WINDSOR AVENUE, STE. 101 MINEOLA, NY 11501		-					0.00
Account No.							
APWU PO BOX 967 SILVER SPRING, MD 20910-0967		-					0.00
Account No.							
AQUATEC WATER TREATMENT INC 141 LANZA AVE BLDG., #24 GARFIELD, NJ 07026		-					0.00
Account No.							
AQUINO, FATIMAH 382 MONTGOMERY ST., APT. 2 JERSEY CITY, NJ 07302		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 51 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
AQUIS COMMUNICATIONS P O BOX 64010 BALTIMORE, MD 21264-4010		-					5,168.35
Account No.							
ARAMARK HEALTHCARE 12483 COLLECTION CENTER DR CHICAGO, IL 60693		-					337,665.34
Account No.							
ARAMAYO, VIOLETA 318 17TH ST APT 3 UNION CITY, NJ 07087		-					0.00
Account No.							
ARANA, JEANNIE MD 6215 BLVD EAST, APT. 2EN WEST NEW YORK, NJ 07093		-					200.00
Account No.							
ARBOLEDA, GEMALYN 297 A VIRGINIA AVE JERSEY CITY, NJ 07305		-					0.00
Subtotal (Total of this page)							343,033.69

Sheet no. **52** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
ARCADIAN HEALTHCARE, INC. P O BOX 26046N NEWARK, NJ		-						0.00
Account No.								
ARCHDIOCESE OF NEWARK 1160 RAYMOND BLVD. NEWARK, NJ 07102		-						0.00
Account No.								
ARCHIVE DATA SOLUTIONS DRAWER #1475 P O BOX 5935 TROY, MI 48007-5935		-						3,156.25
Account No.								
ARCOLA 51 KERO ROAD CARLSTADT, NJ 07072-2601		-						0.00
Account No.								
ARDOR HEALTH SOLUTIONS 5830 CORAL RIDGE DRIVE, SUITE 120 CORAL SPRINGS, FL 33076-3388		-						49,436.50
Subtotal (Total of this page)								52,592.75

Sheet no. 53 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ARGON MEDICAL DEVICES INC PO BOX 677482 DALLAS, TX 75267-7482		-					0.00
Account No.							
ARGUETA, ROSA 6720 ADAMS ST, APT 1 GUTTENBERG, NJ 07093		-					0.00
Account No.							
ARIAS, ARMANDO 214 59TH STREET, APT 2 WEST NEW YORK, NJ 07093		-					0.00
Account No.							
ARIAS, CHRISTINE 636 CLOSTER DOCK ROAD CLOSTER, NJ 07624-3223		-					0.00
Account No.							
ARIZANT HEALTHCARE P O BOX 1450 - NW#8493 MINNEAPOLIS, MN 55485-8493		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 54 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ARJOHUNTLEIGH INC 2349 WEST LAKE ST ADDISON, IL 60101		-					262.70
Account No.							
ARLINGTON GARRIS 2100 EAST TREMONT AVENUE, APT. 6 H BRONX, NY 10462		-					0.00
Account No.							
ARMAC 71 PASSAIC AVENUE FLORAM PARK, NJ 07932		-					0.00
Account No.							
ARMAND GAUDIOSI 1744 HANNINGTON AVENUE WANTAGH, NY 11793-2814		-					0.00
Account No.							
ARMAND, PIERRE 659 FIRST ST APT 207 HOBOKEN, NJ 07030		-					0.00
Subtotal (Total of this page)							262.70

Sheet no. 55 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
ARMANTI FINANCIAL SERVICES LLC 2 BROAD STREET, 3RD FLOOR BLOOMFIELD, NJ 07003		-						0.00
Account No.								
ARMDS 1373 BROAD STREET, SUITE 200 CLIFTON, NJ 07013		-						0.00
Account No.								
ARMED FORCES INSTITUTE OF PATH 6825 16TH ST NW BLDG 54, ROOM G013 WASHINGTON, DC 20306-6000		-						0.00
Account No.								
ARMENGOL, LEONOR 6003 FILLMORE PLACE, 103 S WEST NEW YORK, NJ 07093		-						0.00
Account No.								
ARMISTEAD MECHANICAL INC 168 HOPPER AVENUE WALDWICK, NJ 07463		-						0.00
Subtotal (Total of this page)								0.00

Sheet no. 56 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ARMSTRONG MEDICAL IND. ,INC. 575 KNIGHTSBRIDGE PKWY PO BOX 700 LINCOLNSHIRE, IL 60069-0700		-					2,823.75
Account No.							
ARNA RNCB INC 7794 GROW DRIVE PENSACOLA, FL 32514		-					0.00
Account No.							
ARORA, RENUKA 108 PALISADE AVE, APT 2 JERSEY CITY, NJ 07306		-					0.00
Account No.							
ARROW INTERNATIONAL P.O. BOX 8500-S-9060 PHILADELPHIA, PA 19178-9060		-					798.00
Account No.							
ARROYO, KIRSSY 23 HAGUE ST JERSEY CITY, NJ 07307		-					0.00

Sheet no. **57** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

3,621.75

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
ARROYO, MARICOR 155E JOHNSON AVE BERGENFIELD, NJ 07621		-					0.00
Account No.							
ART PLUS LLC 120 MORRIS AVENUE SPRINGFIELD, NJ 07081		-					0.00
Account No.							
ARTHREX INC. P O BOX 403511 ATLANTA, GA 30384-3511		-					44,228.00
Account No.							
ARTHRO CARE CORPORATION 680 VAQUEROS AVE SUNNYVALE, CA 94085		-					0.00
Account No.							
ARTHROCARE CORP P O BOX 844161 DALLAS, TX 75284-4161		-					83,797.00
Subtotal (Total of this page)							128,025.00

Sheet no. **58** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
ARTHROSURFACE 28 FORGE PARKWAY FRANKLIN, MA 02038		-					0.00
Account No.							
ASH, JOHN SIMON 79 MONROE STREET, APT 2RN HOBOKEN, NJ 07030		-					0.00
Account No.							
ASHP AMERICAN SOCIETY OF HEALTH SYSTEM PHARMA BETHESDA, MD 20818-1439		-					0.00
Account No.							
ASL INTERPRETER REFERRAL SERVI P. O. BOX 1161 SOMERSET, NJ 08873		-					12,555.55
Account No.							
ASM PRESS P O BOX 605 HERNDON, VA 20172		-					0.00

Sheet no. 59 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

12,555.55

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
ASPECT MEDICAL SYSTEMS, INC. P O BOX 414593 BOSTON, MA 02241-4593		-					0.00
Account No.							
ASPEN PUBLISHERS INC P O BOX 75415 BALTIMORE, MD 21264		-					0.00
Account No.							
ASPEN SURGICAL PRODUCTS 3998 RELIABLE PARKWAY CHICAGO, IL 60686-0039		-					0.00
Account No.							
ASSOC FOR PROF IN INFECTION CONTROL & EPIDEMIOLOGY 1275 K ST NW, STE 1000 WASHINGTON, DC 20005		-					0.00
Account No.							
ASSOCIATED EYE PHYSICIANS 1 MCWILLIAMS PLACE JERSEY CITY, NJ 07302		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 60 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
ASSOCIATED PENSION CONSULTANTS INC 50 JACKSON AVENUE, 3RD FL SYOSSET, NY 11791		-						3,757.50
Account No.								
ASSOCIATION CAREER SERVICES DEPT 0155 PO BOX 120155 DALLAS, TX 75312-0155		-						0.00
Account No.								
ASSOCIATION OF REHABILITATION NURSES P O BOX 3781 OAK BROOK, IL 60522-3781		-						0.00
Account No.								
AT & T P O BOX 537104 ATLANTA, GA 30353-7104		-						0.00
Account No.								
AT HOME MEDICAL 200 AMERICAN ROAD MORRIS PLAINS, NJ 07950-9890		-						0.00

Sheet no. 61 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

3,757.50

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AT&T P O BOX 2840 OMAHA, NE 68103-2840		-					0.00
Account No.							
ATLANTIC IMAGING GROUP LLC 2 RIDGEDALE AVENUE, SUITE A10 CEDAR KNOLLS, NJ 07927		-					0.00
Account No.							
ATLANTIC MEDICAL SYSTEMS P O BOX 892 LYNBROOK, NY 11563		-					1,512.00
Account No.							
ATLANTIC SCALE 136 WASHINGTON AVE NUTLEY, NJ 07110		-					0.00
Account No.							
ATLANTICARE ADMIN INC P O BOX 95000-1400 PHILADELPHIA, PA 19195-1400		-					0.00

Sheet no. 62 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

1,512.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
ATLAS WELDING & BOILER REPAIR 2960 WEBSTER AVENUE BRONX, NY 10458		-						0.00
Account No.								
ATRIUM MEDICAL 5 WENT WORTH DRIVE HUDSON, NH 03051		-						2,545.32
Account No.								
ATTAINMENT CO INC P O BOX 930160 VERNA, WI 53593-0160		-						0.00
Account No.								
AUGUST, ELIZABETH MD 205 ORCHARD ST EAST RUTHERFORD, NJ 07073		-						40.00
Account No.								
AUSTER, HILLARY 300 EAST 46TH STREET, APT. 10C NEW YORK, NY 10017		-						120.00

Sheet no. **63** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

2,705.32

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AUTOM 5226 SOUTH 31ST PLACE PHOENIX, AZ 85040		-					0.00
Account No.							
AUTOMATIC ICE MAKER CO 400 SOUTH AVE, SUITE 6 MIDDLESEX, NJ 08846		-					0.00
Account No.							
AUTOMED TECHNOLOGIES INC DEPT 77-52226 CHICAGO, IL 60678-2226		-					0.00
Account No.							
AVA (ASSOC FOR VOLUNTEER ADMIN P O BOX 32092 RICHMOND, VA 23294		-					0.00
Account No.							
AVANTI GROUP, LLC 551 JERSEY AVENUE JERSEY CITY, NJ 07302		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. **64** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
AXA-EQUITABLE CLARK CONSULTING 225 SOUTH SIXTH ST, STE 1200 MINNEAPOLIS, MN 55402		-					0.00
Account No.							
AYALA, ROLAND 400 1ST ST APT 8N HOBOKEN, NJ 07030		-					0.00
Account No.							
AZZOLINI, THOMAS DPM 59 14TH STREET HOBOKEN, NJ 07030		-					2,520.00
Account No.							
B & B REALTY CORP 303 4TH STREET UNION CITY, NJ 07087		-					0.00
Account No.							
B & G RESTORATION INC 105 RYERSON ROAD LINCOLN PARK, NJ 07035		-					0.00
Subtotal (Total of this page)							2,520.00

Sheet no. **65** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
B & H PHOTO-VIDEO INC 420 NINTH AVENUE NEW YORK, NY 10001		-					0.00
Account No.							
BABY-FRIENDLY USA 327 QUAKER MEETING HOUSE ROAD EAST SANDWICH, MA 02537-1300		-					1,163.00
Account No.							
BACARRO, CHERYL ANNE 7 RUE CHAGALL MAYS LANDING, NJ 08330		-					0.00
Account No.							
BACCHUS MARKETING INC 134 WASHINGTON STREET, SUITE 304 HOBOKEN, NJ 07030		-					0.00
Account No.							
BAHTO, AHMET 6714 BERGENWOOD AVE NORTH BERGEN, NJ 07047		-					0.00
Subtotal (Total of this page)							1,163.00

Sheet no. 66 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BAILEY, MARCUS G 649 Newark Ave. Jersey City, NJ 07037		-					40.00
Account No.							
BAKER HEALTHCARE CONSULTING INC 4251 RELIABLE PARKWAY CHICAGO, IL 60686-0042		-					566.26
Account No.							
BAKER, IYAD MD 2 ECKERT FARM ROAD SADDLE RIVER, NJ 07458		-					450.00
Account No.							
BALAN, IVAN C, PhD 19 DUNHAM AVENUE CRANFORD, NJ 07016		-					0.00
Account No.							
BALASIA, SHERWIN 20 BELVIDERE AVE JERSEY CITY, NJ 07304		-					0.00
Subtotal (Total of this page)							1,056.26

Sheet no. 67 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BALCHANDANI, ANEESHA 20 RIVER COURT, APT 2612 JERSEY CITY, NJ 07310		-					0.00
Account No.							
BALLESTAS, TANIA 23 NELSON AVENUE JERSEY CITY, NJ 07307		-					0.00
Account No.							
BALTIC LINEN COMPANY 1999 MARCUS AVENUE, SUITE 300 LAKE SUCCESS, NY 10040-5485		-					0.00
Account No.							
BALVERDE, HONRADO 393 MANILA AVENUE JERSEY CITY, NJ 07302		-					0.00
Account No.							
BANC OF AMERICA LEASING P O BOX 31682 TAMPA, FL 33631-3682		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 68 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BANK OF AMERICA ATTN: REMITTANCE PROCESSING P O BOX 15222 WILMINGTON, DE 19886-5222		-					0.00
Account No.							
BANYAN INTERNATIONAL CORP. 2118 E. INTERSTATE 20 P.O. BOX 1779 ALBILENE, TX 79601		-					0.00
Account No.							
BAPANA, MARY MARJULA 455 CHESTNUT ST, APT #2 RIDGEFIELD, NJ 07306		-					0.00
Account No.							
BARCENAS, BULAKLAK 1233 CARLTON TERRACE UNION, NJ 07083		-					0.00
Account No.							
BARD ACCESS SYSTEM C.R. BARD PO BOX 75767 CHARLOTTE, NC 28275		-					7,131.91
Subtotal (Total of this page)							7,131.91

Sheet no. 69 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BARD ELECTRO PHYSIOLOGY PO BOX 75767 CHARLOTTE, NC 28275		-					0.00
Account No.							
BARD MEDICAL/UROLOGICAL C.R. BARD PO BOX 75767 CHARLOTTE, NC 28275		-					5,536.64
Account No.							
BARD PERIPHERAL VASCULAR P.O. BOX 75767 CHARLOTTE, NC 28275		-					0.00
Account No.							
BARGHACH, FATIMA 20 RADE ST APT 17 JERSEY CITY, NJ 07304		-					0.00
Account No.							
BARILARI, RAFAEL MD 355 FIRST STREET JERSEY CITY, NJ 07302		-					0.00

Sheet no. 70 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

5,536.64

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BARNETT, ELAINE 30 NEWPORT PARKWAY JERSEY CITY, NJ 07310		-					0.00
Account No.							
BARNSTEAD INTERNATIONAL P O BOX 96752 CHICAGO, IL 60693		-					0.00
Account No.							
BARON DRUG & SURGICAL 416 WASHINGTON STREET HOBOKEN, NJ 07030		-					120.00
Account No.							
BARRACUDA NETWORKS 3175 S WINCHESTER BLVD CAMPBELL, CA 95008		-					0.00
Account No.							
BARRAGAN, JUAN 804 WILLOW AVE, APT 410 HOBOKEN, NJ 07030		-					0.00
Subtotal (Total of this page)							120.00

Sheet no. 71 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
BARRETT TRAVEL SERVICE 1717 KENNEDY BOULEVARD JERSEY CITY, NJ 07305		-						0.00
Account No.								
BARRIENTOS, LINDA 10 PALOMINO PLACE RED BANK, NJ 07701		-						0.00
Account No.								
BARRIOS, TOMAS DDS 311 33RD ST UNION CITY, NJ 07087		-						0.00
Account No.								
BARRY ASSOCIATES LLC P O BOX 3069 CHAPEL HILL, NC 27515-3069		-						0.00
Account No.								
BARTH, ERIN 209 7TH AVE APT A JERSEY CITY, NJ 07302		-						0.00
Subtotal (Total of this page)								0.00

Sheet no. 72 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BARTON COTTON 1405 PARKER ROAD BALTIMORE, MD 21227-1482		-					0.00
Account No.							
BARUCH, MICHAEL MD 1037 ROUTE 46E, SUITE 103 CLIFTON, NJ 07013		-					2,700.00
Account No.							
BASICALLY BALLOONS P O BOX 602 WAYNE, NJ 07474-0602		-					0.00
Account No.							
BASSAM HADDAD MD 170 KNIGHTSBRIDGE WATCHUNG, NJ 07069		-					0.00
Account No.							
BATTAGLIA, JOSEPH 58 MONROE ST APT 3R HOBOKEN, NJ 07030		-					0.00
Subtotal (Total of this page)							2,700.00

Sheet no. **73** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. BAUDVILLE 5380 52ND ST GRAND RAPIDS, MI 49512-9765		-					0.00
Account No. BAUMAN, DREW J 658 RIDGEWOOD ROAD MAPLEWOOD, NJ 07040		-					0.00
Account No. BAUSCH & LOMB INC. SURGICAL 4395 COLLECTIONS CENTER DR. CHICAGO, IL 60693		-					1,565.76
Account No. BAXTER HEALTHCARE CORP. P O BOX 33037 NEWARK, NJ 07188		-					19,018.89
Account No. BAXTER I.V. SYSTEMS DIV. 07-A755660A P. O. BOX 33037 NEWARK, NJ 07188		-					0.00
Subtotal (Total of this page)							20,584.65

Sheet no. 74 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BAXTER RENAL DIVISION BAXTER HEALTHCARE CORP. PO BOX 33037 NEWARK, NJ 07188		-					0.00
Account No.							
BAY MEDICAL 12393 BELCHER ROAD, STE. 450 LARGO, FL 33773-3097		-					0.00
Account No.							
BAYER CORPORATION BOX 371720 PITTSBURGH, PA 15250-7720		-					0.00
Account No.							
BAYONNE CITY MUNICIPAL COURT MUNICIPAL BUILDING 630 AVENUE C BAYONNE, NJ 07002		-					0.00
Account No.							
BAYWAY LUMBER 400 ASHTON AVE LINDEN, NJ 07036		-					179.97
Subtotal (Total of this page)							179.97

Sheet no. 75 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BBC BIOCHEMICAL P O BOX 609 STANWOOD, WA 98292-0609		-					0.00
Account No.							
BC SOLUTIONS LLC dba RF NOZICK & ASSOC. 1345 E CHANDLER BLVD, STE 203 PHOENIX, AZ 85048		-					54.43
Account No.							
BEALS, NICOLE 68 ROSE AVENUE, APT 1L JERSEY CITY, NJ 07305		-					0.00
Account No.							
BEAR, ANDREW DPM 255 ROUTE 3 EAST, ROOM 107 SECAUCUS, NJ 07094		-					0.00
Account No.							
BEAVER-VISITEC INTERNT'L INC 411 WAVERLEY OAKS ROAD WALTHAM, MA 2452		-					189.00

Sheet no. **76** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

243.43

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BECKMAN COULTER INC. DEPT. CH10164 PALANTINE, IL 60055-0164		-					19,114.51
Account No.							
BECTON DICKINSON LOCKBOX 371137 PITTSBURGH, PA 15251-1137		-					0.00
Account No.							
BECTON DICKINSON LOCKBOX 371137 PITTSBURGH, PA 15251-1137		-					0.00
Account No.							
BEEKLEY CORPORATION 1 PRESTIGE LN BRISTOL, CT 06010-7468		-					4,937.85
Account No.							
BEHAVIORAL PATHWAY SYSTEMS P O BOX 3121 INDIANAPOLIS, IN 46206-3121		-					0.00
Subtotal (Total of this page)							24,052.36

Sheet no. **77** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BEHIN, BABAK MD 142 PALISADE AVE, SUITE 207 JERSEY CITY, NJ 07306		-					0.00
Account No.							
BELFIORE, NICHOLAS 1 MARINEVIEW PL, APT. 20H HOBOKEN, NJ 07030		-					0.00
Account No.							
BELL ENVIRONMENTAL SERVICES 229 NEW ROAD PARSIPPANY, NJ 07054		-					0.00
Account No.							
BELLEW, BRIAN 2400 PALISADE AVE., APT. 5 WEEHAWKEN, NJ 07086		-					0.00
Account No.							
BELLIFEMINE, MORRIS MD 319 60TH STREET WEST NEW YORK, NJ 07093		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 78 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BELLS DIRECT 109 DENSON DR AUSTIN, TX 078757		-					0.00
Account No.							
BENAVIDES, JUANA 1303 BERGENLINE AVE., APT. 1 UNION CITY, NJ 07087		-					0.00
Account No.							
BENEFIT SERVICES OF PA 1601 MARKET ST., SUITE 1575 PHILADELPHIA, PA 19103		-					6,049.07
Account No.							
BENEFITS TRAINING & CONSULTING P O BOX 40 OXFORD, PA 19363		-					0.00
Account No.							
BENESIGHT PO BOX 310 PUEBLO, CO 81002		-					19,246.73
Subtotal (Total of this page)							25,295.80

Sheet no. **79** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
BENJAMIN, ENOZE 43 SOUTH 17TH STREET NEWARK, NJ 07103		-					0.00
Account No.							
BENN, HOWARD MD 476 COLFAX AVE CLIFTON, NJ 07013		-					0.00
Account No.							
BENTAHAR, IMANE MD 1112 16TH STREET, APT B4 NORTH BERGEN, NJ 07047		-					0.00
Account No.							
BENTZIANOV, VALERY 20 RIVER COURT, APT. 2605 JERSEY CITY, NJ 07310		-					0.00
Account No.							
BERBERABE, DAISY 184 LINCOLN ST JERSEY CITY, NJ 07307		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. **80** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BERGEN COM. REGIONAL BLOOD CTR P O BOX 1754.00 PARAMUS, NJ 07653-0039		-					0.00
Account No.							
BERGEN INDUSTRIAL 30 STEFANIC AVE. P.O. BOX 604 ELMWOOD PARK, NJ 07407		-					0.00
Account No.							
BERGEN TECHNOLOGY INC. 65 RAILROAD AVENUE RIDGEFIELD PARK, NJ 07660		-					0.00
Account No.							
BERNAL, MARY ALICE 7 CHOPIN COURT JERSEY CITY, NJ 07302		-					0.00
Account No.							
BERNARDEZ, MANUEL 4308 PALISADE AVE., APT. 1 UNION CITY, NJ 07087		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. **81** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BERTELS, HEIDI 1 CASTLE POINT S2004 HOBOKEN, NJ 07030		-					0.00
Account No.							
BESAM NORTHEAST PO BOX 827375 PHILADELPHIA, PA 19182-7375		-					0.00
Account No.							
BESLER & COMPANY, INC. 3 INDEPENDENCE WAY, STE 201 PRINCETON, NJ 08540		-					115,246.30
Account No.							
BEST COMPANIES GROUP 1500 PAXTON STREET HARRISBURG, PA 17104		-					0.00
Account No.							
BEST WESTERN HOTEL 324 LONGWOOD AVENUE BOSTON, MA 02117		-					0.00
Subtotal (Total of this page)							115,246.30

Sheet no. **82** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BETHEA, KELLY MD 139 HOLLAND AVENUE NEW MILFORD, NJ 07646		-					0.00
Account No.							
BFI 5 CEDAR BROOK DRIVE CRANBURY, NJ 08512		-					0.00
Account No.							
BGIA, INC 900 RT 9 NORTH, SUITE 503 WOODBIDGE, NJ 07095		-					8,332.00
Account No.							
BH CONSULTING WERECOVERDATA.COM 1270 BROADWAY, STE 507 NEW YORK, NY 10001		-					0.00
Account No.							
BHATE, SONIYA M.D. 40-909 NEWPORT PARKWAY JERSEY CITY, NJ 07310		-					0.00
Subtotal (Total of this page)							8,332.00

Sheet no. 83 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
BHUPENDRA VORA, M.D. 142 PALISADE AVENUE JERSEY CITY, NJ 07306		-						0.00
Account No.								
BIANCO BROTHERS INT 6301 10TH AVENUE BROOKLYN, NY 11219		-						0.00
Account No.								
BIDO, MARITZA 1308 12TH STREET NORTH BERGEN, NJ 07047		-						0.00
Account No.								
BILDISCO DOOR MFG 21 CENTRAL AVENUE WEST ORANGE, NJ 07052		-						6,806.56
Account No.								
BINSKY & SNYDER SERVICE LLC 281 CENTENNIAL AVENUE PISCATAWAY, NJ 08854		-						8,407.67
Subtotal (Total of this page)								15,214.23

Sheet no. **84** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BIO SYSTEMS 380 CONSTANCE DRIVE WARMINSTER, PA 18974		-					0.00
Account No.							
BIO-DYNAMIC TECHNOLOGIES, INC ONE MADISON STREET, BLDG A EAST RUTHERFORD, NJ 07073-1653		-					0.00
Account No.							
BIO-RAD LABORATORIES CLINICAL DIAGNOSTICS DIVISION DEPT 9740 LOS ANGELES, CA 90084-9740		-					6,294.24
Account No.							
BIO-REFERENCE LABORATORIES 481 EDWARD H ROSS DRIVE ELMWOOD PARK, NJ 07407-3128		-					0.00
Account No.							
BIOCOMPOSITES P O BOX 2692 WILMINGTON, NC 28402		-					0.00
Subtotal (Total of this page)							6,294.24

Sheet no. **85** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BIODEX MED. SYSTEMS P.O. BOX 36348 NEWARK, , 07188-6348		-					0.00
Account No.							
BIOMAGNETICS 303-C COMMERCE DR EXTON, PA 19341		-					8,291.67
Account No.							
BIOMEDICAL ENTERPRISES INC DEPT 2297 PO BOX 122297 DALLAS, TX 75312-2297		-					0.00
Account No.							
BIOMERIEUX VITEK, INC. P.O. BOX 500308 ST. LOUIS, MO 63150-0308		-					71,199.95
Account No.							
BIOMET INC. 75 REMITTANCE DRIVE, SUITE 3283 CHICAGO, IL 60675-3283		-					69,374.50
Subtotal (Total of this page)							148,866.12

Sheet no. **86** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O O R D I N A T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BIOMET MICROFIXATION 75 REMITTANCE DRIVE, SUITE 3071 CHICAGO, IL 60675-3071		-					0.00
Account No.							
BIOPRO, INC. 17 - 17TH STREET PORK HURON, MI 48060		-					0.00
Account No.							
BIRDSALL SERVICES GROUP INC OLD MILL PLAZA, BLDG 28 2100 HIGHWAY 35 SEA GIRT, NJ 08750		-					0.00
Account No.							
BIRTH GIFTS 931 N PARK AVENUE P O BOX 1443 MONTROSE, CO 81402-1443		-					0.00
Account No.							
BIS, MICHAEL 133 BOWERS ST APT 5 JERSEY CITY, NJ 07307		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. **87** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No.							
BIZCHAIR.COM 4350 BALL GROUND HIGHWAY CANTON, GA 30114		-					0.00
Account No.							
BKAT 620 MICHIGAN AVE NE WASHINGTON, DC 20064		-					0.00
Account No.							
BLACK BOX P O BOX 371671 PITTSBURGH, PA 15251		-					0.00
Account No.							
BLACK BOX RESALE SERVICES 7125 NORTHLAND TERRACE NORTH, SUITE 400 BROOKLYN PARK, MN 55428		-					0.00
Account No.							
BLACKBAUD P.O. BOX 930256 ATLANTA, GA 31193-0256		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. **88** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BLACKBURN, JACQUELINE 1 14TH ST., APT. 412 HOBOKEN, NJ 07030		-					0.00
Account No.							
BLANCHARD CO P O BOX 298 SPRINGFIELD, NJ 07081		-					0.00
Account No.							
BLEJWAS ASSOCIATES INC 221-A EVANS WAY BRANCBURG, NJ 08876		-					0.00
Account No.							
BLOOD CENTER OF NEW JERSEY 45 SOUTH GROVE STREET EAST ORANGE, NJ 07018		-					69,955.70
Account No.							
BLUE CROSS & BLUE SHIELD OF MI ATTN: CORP RECOVERY PO BOX 366 DETROIT, MI 48231-0366		-					159.47
Subtotal (Total of this page)							70,115.17
Sheet no. <u>89</u> of <u>708</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. BLUE CROSS OF MINNESOTA P O BOX 64560 ST PAUL, MN 55164-9756		-					187.20
Account No. BLUEWATER WIRELESS LLC P O BOX 4157 FEDERAL WAY, WA 98063		-					0.00
Account No. BMC & ASSOCIATES LLC c/o BARRY MARK COHEN, MD 396 LONG HILL DRIVE SHORT HILLS, NJ 07078		-					0.00
Account No. BME INC BIOMEDICAL ENTERPRISES INC. DEPT 2297, P O BOX 122297 DALLAS, TX 75312-2297		-					4,960.00
Account No. BOARD OF PHARMACY DIVISION OF CONSUMER AFFAIRS 124 HALSEY ST, 6TH FLR NEWARK, NJ 07101		-					0.00
Subtotal (Total of this page)							5,147.20

Sheet no. 90 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BOB'S DISCOUNT FURNITURE 50 ROUTE 46 EAST TOTOWA, NJ 07512		-					0.00
Account No.							
BOBE, CYNTHIA 58 MAHAR AVENUE CLIFTON, NJ 07011-1309		-					0.00
Account No.							
BOCCASSINI, GIUSTINA 1 ORIENT WAY, APT. 208 RUTHERFORD, NJ 07070		-					0.00
Account No.							
BODY MECH AUTO SHOP INC 54 SUSSEX AVENUE NEWARK, NJ 07103		-					0.00
Account No.							
BOGART KEANE RYAN & HAMILL LLC 660 NEWARK AVENUE P O BOX 8118 JERSEY CITY, NJ 07308-8118		-					26,725.00
Subtotal (Total of this page)							26,725.00

Sheet no. 91 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BOIARDO, RICHARD A MD 769 NORTHFIELD AVE., STE. LL20 WEST ORANGE, NJ 07052		-					0.00
Account No.							
BOLIG, PETER 800 PALISADE AVE UNION CITY, NJ 07087		-					0.00
Account No.							
BOLTEX TEXTILE INC 34 WALKER ST NEW YORK, NY 10013		-					5,935.50
Account No.							
BONDALICH, JOSEPH 421 JEFFERSON ST., APT. 2 HOBOKEN, NJ 07030		-					0.00
Account No.							
BONEL MEDICAL EQUIP. 4817 N. BROAD ST. PHILADELPHIA, PA 19141		-					0.00
Subtotal (Total of this page)							5,935.50

Sheet no. **92** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BORDA PRODUCTS INC P O BOX 249 NEW HYDE PARK, NY 11040		-					0.00
Account No.							
BORGIDA, ADAM F MD 11 QUAIL RIDGE FARMINGTON, CT 06032		-					0.00
Account No.							
BORJA, EUGENIA 124 37th STREET UNION CITY, NJ 07087		-					0.00
Account No.							
BORJA, SUSAN MD 6050 BOULEVARD EAST, APT 20D WEST NEW YORK, NJ 07093		-					0.00
Account No.							
BOSCAMP, JEFFREY R, MD 14 PETER LYNAS COURT TENAFLY, NJ 07670		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. **93** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BOSS INSTRUMENTS 104 SOMMERFIELD DRIVE GORDONSVILLE, VA 22942		-					0.00
Account No.							
BOSTON SCIENTIFIC CORPORATION P. O. BOX 8500-6205 PHILADELPHIA, PA 19178-6205		-					74,603.21
Account No.							
BOSTON SCIENTIFIC NEURO-MODULATION PO BOX 952195 DALLAS, TX 75395-2195		-					0.00
Account No.							
BOSTON UNIVERSITY CENTER FOR PSYCHIATRIC REHAB 940 COMMONWEALTH AVENUE WEST BOSTON, MA 02215		-					0.00
Account No.							
BOUND TREE MEDICAL, LLC 2144 RELIABLE PARKWAY CHICAGO, IL 60686-0021		-					0.00
Subtotal (Total of this page)							74,603.21

Sheet no. **94** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BOWERS, TERESA 11133 E SHEARWATER CT JERSEY CITY, NJ 07305		-					0.00
Account No.							
BOWMAN MFG CO INC 17301 51ST AVENUE NE ARLINGTON, WA 98223		-					0.00
Account No.							
BOWMAN, NANCY J 307 MANHATTAN AVE UNION CITY, NJ 07087		-					0.00
Account No.							
BOXWOOD TECHNOLOGY, INC. EXECUTIVE PLAZA III 11350 MCCORMICK RD, STE 101 HUNT VALLEY, MD 21031		-					0.00
Account No.							
BOYDEN-EDMONDS, MARJORIE J 23-44 101ST STREET EAST ELMHURST, NY 11369		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 95 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
BOYLAN, JOSEPH DPM 378 CENTRAL AVENUE JERSEY CITY, NJ 07307		-					912.51
Account No.							
BOYS & GIRLS CLUB OF HUDSON CTY. 1 CANAL STREET JERSEY CITY, NJ 07302		-					0.00
Account No.							
BOYS TOWN PRESS 14100 CRAWFORD ST., #19138 BOYS TOWN, NE		-					0.00
Account No.							
BRACCO DIAGNOSTICS INC. P.O. BOX 101747 ATLANTA, GA 30392-1747		-					0.00
Account No.							
BRACH EICHLER LLC 101 EISENHOWER PARKWAY 101 EISENHOWER PARKWAY ROSELAND, NJ 07068		-					0.00
Subtotal (Total of this page)							912.51

Sheet no. 96 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BRAFF, HAROLD ESQ HARBORSIDE FINANCIAL CENTER 3 2ND ST PLAZA 10 STE 1201 JERSEY CITY, NJ 07302		-					0.00
Account No.							
BRAHMBHATT, GAURANG 6050 BLVD EAST, APT 21F WEST NEW YORK, NJ 07093		-					0.00
Account No.							
BRAJCZEWSKI, JEREMIAH 211 PROSPECT AVE., APT. 8 BAYONNE, NJ 07002		-					0.00
Account No.							
BRANA, LILIBETH 16 WAVERLY DRIVE EAST STROUDSBURG, PA 18302		-					0.00
Account No.							
BRANNAGAN III, THOMAS MD 51 SHADY BROOK LANE CORTLAND MANOR, NY 10567		-					0.00
Subtotal (Total of this page)							0.00

Sheet no. 97 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BRASSELER USA MEDICAL, LLC ONE BRASSELER BLVD. SAVANNAH, GA 31419		-					1,882.05
Account No.							
BREEDEN, TED 1701 E 2ND ST, 2ND FLR SCOTCH PLAINS, NJ 07076		-					0.00
Account No.							
BRERETON, ROSALIE 303 JEFFERSON ST. , APT. 524 HOBOKEN, NJ 07030		-					0.00
Account No.							
BREVIS CORPORATION 225 WEST 2855 SOUTH SALT LAKE CITY, UT 84115		-					0.00
Account No.							
BREY, SILKE J 70 Green St., #3403 Jersey City, NJ 07037		-					250.00
Subtotal (Total of this page)							2,132.05

Sheet no. 98 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Hudson Healthcare, Inc.**

Case No. **11-33014 (DHS)**

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BRIAN VAN VELZOR 218 BROAD ST, #4F LEONIA, NJ 07605		-					0.00
Account No.							
BRIGGS CORP. P.O. BOX 1355 DES MOINES, IA 50305		-					862.22
Account No.							
BRIOSO, MARIA ELISA 356 VAN NOSTRAND AVENUE, 2ND FL JERSEY CITY, NJ 07305		-					0.00
Account No.							
BRISTOL-MEYERS SQUIBB P. O. BOX 101116 ATLANTA, GA 30392		-					0.00
Account No.							
BROADSPIRE 100 PASSAIC AVE, SUITE 140 FAIRFIELD, NJ 07004		-					377.00
Subtotal (Total of this page)							1,239.22

Sheet no. **99** of **708** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re Hudson Healthcare, Inc.

Case No. 11-33014 (DHS)

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
BROADWAY PARTY RENTALS 134 MORGAN AVENUE BROOKLYN, NY 11237		-					0.00
Account No.							
BRONX SCU PO BOX 15359 ALBANY, NY 12212-5359		-					0.00
Account No.							
BROWN AND BROWN METRO INC P O BOX 678 FLORHAM PARK, NJ 07932-0678		-					20,000.01
Account No.							
BROWN, ALICE 133 AVENUE F APT 2 BAYONNE, NJ 07002		-					0.00
Account No.							
BROWN, WALTER S 419 LOCUST STREET MOUNT VERNON, NY 10552		-					0.00
Subtotal (Total of this page)							20,000.01

Sheet no. 100 of 708 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims